

Opera House Players Tryout Sheet



Name: _____

Parent/Guardian : _____

Address: _____

Town: _____

Phone : _____

Email : _____

Age: _____ Grade Level (Next Fall) : _____

Character Preference (if any) _____ Is this the only part you will accept? _____
Please list any known conflicts between August 10, 2004 and October 10, 2004

Would you or your parents be willing and/or able to help out with any of the following crews?

- | | |
|--|--|
| <input type="checkbox"/> Set Construction | <input type="checkbox"/> Lights |
| <input type="checkbox"/> Set Detailing (Painting) | <input type="checkbox"/> House Preparation |
| <input type="checkbox"/> Show Promotion | <input type="checkbox"/> Pit Orchestra |
| <input type="checkbox"/> Costumes | <input type="checkbox"/> Make-up |
| <input type="checkbox"/> Show Production | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Ushering | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Youth Supervision (Rehearsal) | <input type="checkbox"/> Props |

----- Please do not write below this line: -----

Vocal Range: _____

Vocal Quality (Projection / Confidence) _____

Stage Expression (Vocal / Facial / Body) _____

Comments / Remarks _____
